



Followed
PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Courtney Bonye Date of Request: 7-16-06
 ID # 208921 Date of Birth: 12-11-81 Location: 6-13-28
 Nature of problem or request: I am still having back pain that is causing
my whole lower body to hurt. Also my leg is bent out.
I need dental work done.

Courtney Bonye
 Signature

DO NOT WRITE BELOW THIS LINE

Date: 7/17/06 AM PM
 Time: 11:00 AM
 Allergies: _____

RECEIVED
 Date: 7-17-06
 Time: 11:00 AM
 Receiving Nurse Initials _____

(S)ubjective:

*Has MD/PA seen patient 7-16-06
 BP: 120/80 WT: 160*

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

Exhibit E

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE EMERGENCY

If Emergency was PHS supervisor notified: Yes No
 Was MD/PA on call notified: Yes No

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



Follow Up

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Cayne BoyID # 208921Date of Request: 7-16-06Date of Birth: 12-11-81 Location: 623-28

Nature of problem or request: I need to see the doctor, because my back is st. It's causing me trouble to walk and some of my other back to go out so I need my back brace. My back is still itchy. I have a few rashes and sores.

Cayne Boy
Signature

DO NOT WRITE BELOW THIS LINE

Date: 7-16-06
Time: 7:30 AM PM
Allergies: NRN

RECEIVED
Date: _____
Time: _____
Receiving Nurse Initials MR

(S)ubjective: See Note

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment: L. Cayne Boy(P)lan: Exhibit E

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE EMERGENCY

If Emergency was PHS supervisor notified: Yes No
Was MD/PA on call notified: Yes No

C. L. Cayne Boy

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT